

ABLE ADVOCATES

Volunteer Application



APPLICANT INFORMATION	
Name	
Address	
City, State	
Phone	
E-Mail	

AVAILABILITY: <i>During which hours are you available to volunteer?</i>			
	Weekday mornings		Weekend mornings
	Weekday afternoons		Weekend afternoons
	Weekday evenings		Weekend evenings

INTERESTS: <i>Tell us in which areas are you interested in volunteering?</i>			
	Administration		Events
	Grants / Fundraising		Equipment closet management / organization
	Web	Other:	

SPECIAL SKILLS / QUALIFICATIONS: <i>Summarize your skills, qualifications and/or education you have acquired from work or other activities, including hobbies.</i>

Why are you interested in volunteering? Do you have a child or relative that is disabled?

REFERENCES: Please list two references (not related to you):	
Name:	
Phone:	
How long have you known this reference?	
Relationship to you:	
Name:	
Phone:	
How long have you known this reference?	
Relationship to you:	

ADDITIONAL QUESTIONS		
Were you ever convicted of a felony or a misdemeanor (other than a traffic violation)?	No	Yes
Do you have any pending criminal charges?	No	Yes
Have you ever been investigated for or charged with child abuse or neglect?	No	Yes
Other than the above, are there facts or circumstances that would call into question the supervision, guidance and care of young people?	No	Yes
<i>If you answered "yes" to any question please explain:</i>		

The information contained in this application is true and correct to the best of my knowledge. I authorize you and any interested party to verify any information I have provided in this application. I authorize Able Advocates, its employees and agents to seek information from any relevant source including but not limited to present and former employers, educational and training institutions, social security administration, criminal courts and state and county repositories of criminal records, department of motor vehicles or child protective services. I authorize my present employer and any previous employers, past and present fellow employees, educational and training institutions and any other persons to furnish information concerning my personal character, habits and employment records to Able Advocates, its employees and agents. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Able Advocates, its employees and agents employees and agents from any and all liability with respect to the use and or disclosure of information gathered as part of this background check. I understand that any volunteer position or offer of a volunteer position is dependent on results of a background check. I further understand that I have no right to a volunteer position and that my position as a volunteer may be terminated immediately without cause and without notice at the sole discretion of Able Advocates, its employees and agents.

Signature: _____ Date: _____

Print Name: _____